



# AIDS Connecticut

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**Testimony**  
**Appropriations, Housing and Human Services Committee**  
**Shawn M. Lang**  
**29 January 2013**

Good afternoon Senators Harp, Slossberg, Bartolomeo, Representatives Walker, Abercrombie and Butler, and members of the committee. I'm Shawn Lang the Director of Public Policy with the AIDS Connecticut (ACT), (formerly Connecticut AIDS Resource Coalition – CARC) the only statewide organization in Connecticut whose sole focus is the needs of people with HIV/AIDS.

We are submitting testimony to support the proposed Department of Housing as the lead agency for all aspects of housing in our state. There is approximately \$5 million in state and federal funds at the Department of Social Services that fund 24 AIDS housing programs.

These programs provide a wide range of housing for people with HIV – from beds in shelters so that people don't have to be out in the heat or cold while sick, group and transitional housing programs, and scattered site, independent housing. Additionally, each person has a case manager and other supports to help them stay in care and access other services that they might need.

Housing continues to be the single most unmet need among persons living with HIV/AIDS. Our agency has been collecting statistics on the demand for and utilization of AIDS housing since 1992. In 2010, over 1,300 men, women and children were housed among the 25 supportive AIDS housing programs located across the state. During the same time period, 91% of those requesting housing were turned away due to a lack of available space. And, the vast majority (55%) of those newly admitted into the programs had been homeless and living on the streets, living in shelters or were precariously housed with family or friends. In fact, over 100 newly admitted residents came directly from homeless shelters, which was a 50% increase from 2009.

In the 2011 Statewide Point in Time Homeless Count (PIT), statewide, 5% of the people who were homeless self-reported as having HIV/AIDS. While in Hartford, the figure was twice that. Given that those surveyed were self-reporting as well as the degree of stigma people experience and perceive, we can reasonably expect that that number is actually much higher.

Housing is an evidence-based HIV prevention and care strategy. Extensive research has documented that over and over again. Simply put, people who are stably housed are more likely to be in and stay in care, have

suppressed viral loads and are far less likely to engage in high risk behaviors; all of which means far fewer expensive trips to the emergency room or other institutions resulting in an overall cost savings.

Rachel Bostic, HUD's Assistant Secretary of Policy and Research, was quoted as saying, "One of the most sobering statistics I heard at our conference...was that for people with HIV/AIDS, if you had 100 people and didn't get them quality housing, only 25 were still alive five years later. If you got them housing, 95 of them were still alive three to five years later. Talk about an 'aha' moment."

We have a nearly 25 year history of strong, collaborative and cooperative relationships with our housing partners at the Department of Social Services through many administrations and commissioners. We are confident that we will build those strong relationships anew with the Department of Housing.

Should you require further information or have questions, please don't hesitate to call/email me at 860.761.6699/slang@aids-ct.org.

Thank you.

